

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

EMERGENCY COMMITTEE FOR ISRAEL(b) Address (number and street) ☐ check if different than previously reported
11 DUPONT CIRCLE NW SUITE 325

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001911**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2012

through

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2012**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2012(b) Communication Title Extreme**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Noah Pollak

(b) Address (number and street)

11 Dupont Circle NW
Suite 325

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Emergency Committee for Israel

(e) Occupation

Executive Director

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

411370.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Noah Pollak

SIGNATURE

Noah Pollak

[Electronically Filed]

DATE

10/12/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
 (use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control
A. (a) Name **Transaction ID : F91.4103**

Michael Goldfarb

 (b) Address (number and street) 11 Dupont Circle NW
 Suite 325

(c) City, State and ZIP Code

Washington

DC 20036

(d) Name of Employer or Principal Place of Business

Emergency Committee for Israel

(e) Occupation

B. (a) Name **Transaction ID : F91.4101**

William Kristol

 (b) Address (number and street) 11 Dupont Circle NW
 Suite 325

(c) City, State and ZIP Code

Washington

DC 20036

(d) Name of Employer or Principal Place of Business

Emergency Committee for Israel

(e) Occupation

Board Member

C. (a) Name **Transaction ID : F91.4099**

Noah Pollak

 (b) Address (number and street) 11 Dupont Circle NW
 Suite 325

(c) City, State and ZIP Code

Washington

DC 20036

(d) Name of Employer or Principal Place of Business

Emergency Committee for Israel

(e) Occupation

Executive Director

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

SCHEDULE 9-B

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Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee CRAFT Media / Digital <hr/> Mailing Address of Payee 1600 K St. NW Suite 300 <hr/> City State Zip Code Washington DC 20006 <hr/> Name of Employer Occupation <hr/> Purpose of Disbursement (Including title(s) of communication(s)) TV Advertising Production				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y 10 11 2012 </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6250.00 </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y 10 11 2012 </div>	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: WI TAMMY BALDWIN <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Transaction ID : F94.4112F93.4111				Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

B. Full Name (Last, First, Middle Initial) of Payee Smart Media Group, LLC <hr/> Mailing Address of Payee 814 King Street Suite 400 <hr/> City State Zip Code Alexandria VA 22314 <hr/> Name of Employer Occupation <hr/> Purpose of Disbursement (Including title(s) of communication(s)) TV Advertising Buy				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y 10 11 2012 </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 405120.00 </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y 10 11 2012 </div>	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: WI TAMMY BALDWIN <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Transaction ID : F94.4112F93.4113				Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 411370.00 </div>
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 411370.00 </div>